

No. <b>W 185348</b>	<b>Due no later than Jun 30, 2018 Annual Report Form</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> OLIVIA KELLEY 551 N MOFFATT AVE APT #6 EMMETT ID 83617																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> JASMINE AND JUICE LLC 628 E MAIN ST EMMETT ID 83617	3. <u>New</u> Registered Agent Signature.																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><del>Olivia Kelley</del></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cynthia Snow</td> <td>628 E Main St</td> <td>Emmett,</td> <td>ID</td> <td></td> <td>83617</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<del>Olivia Kelley</del>						Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Cynthia Snow	628 E Main St	Emmett,	ID		83617	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"><b>IDAHO W 185348</b></div>	6. Signature: <u><i>Olivia Kelley</i></u> Name (type or print): <u>Olivia Kelley</u> Date: <u>4-24-18</u> Title: <u>Owner</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**